

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) OREGON RIGHT TO LIFE VICTORY PAC | | FEC IDENTIFICATION NUMBER ▼ C C00592303 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on | | <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 29 / 2016</div> </div> | |

| | | | |
|---|-------------|---|---|
| Full Name of Payee New Media NW [MEMO ITEM] estimated since invoice not yet received | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016 | |
| Mailing Address PO Box 17727 | | Amount 162.90 | |
| City Salem | State OR | Zip Code 97305 | Transaction ID : WFT2016928178-1 Date of Disbursement or Obligation MM / DD / YYYY |
| Purpose of Expenditure email communications | | Category/ Type | |
| Name of Federal Candidate KURT, SCHRADER, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-------------|---|---|
| Full Name of Payee Liberty, Pike, , , [MEMO ITEM] Paid to Facebook on 10/28/16, not reimbursed yet. | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016 | |
| Mailing Address 16052 S. Springwater Rd | | Amount 198.89 | |
| City Oregon City | State OR | Zip Code 97045 | Transaction ID : WFT20169281712-1 Date of Disbursement or Obligation MM / DD / YYYY |
| Purpose of Expenditure Reimbursement for Facebook ads | | Category/ Type | |
| Name of Federal Candidate KURT, SCHRADER, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 0 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle, Atteberry, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 28 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) OREGON RIGHT TO LIFE VICTORY PAC | | FEC IDENTIFICATION NUMBER ▼ C C00592303 | | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on | | <table border="1" style="display:inline-table; width:100%"><tr><td>MM / DD / YYYY</td></tr><tr><td>10 / 29 / 2016</td></tr></table> | MM / DD / YYYY | 10 / 29 / 2016 |
| MM / DD / YYYY | | | | |
| 10 / 29 / 2016 | | | | |

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|---|--|--|--|----------------|----------------|
| Full Name of Payee Political Communications Advertising | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:100%"><tr><td>MM / DD / YYYY</td></tr><tr><td>10 / 29 / 2016</td></tr></table> | MM / DD / YYYY | 10 / 29 / 2016 | |
| MM / DD / YYYY | | | | | |
| 10 / 29 / 2016 | | | | | |
| Mailing Address 37 West 39th St, Suite 602 | | Amount <table border="1" style="display:inline-table; width:100%"><tr><td>5000.00</td></tr></table> | 5000.00 | | |
| 5000.00 | | | | | |
| City New York | State NY | Zip Code 10018 | | | |
| Purpose of Expenditure TV Ad Placement | Category/Type <table border="1" style="display:inline-table; width:100%"><tr><td></td></tr></table> | | Transaction ID : WFT2016928172-1 Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:100%"><tr><td>MM / DD / YYYY</td></tr><tr><td>10 / 27 / 2016</td></tr></table> | MM / DD / YYYY | 10 / 27 / 2016 |
| | | | | | |
| MM / DD / YYYY | | | | | |
| 10 / 27 / 2016 | | | | | |
| Name of Federal Candidate KURT, SCHRADER, , , | | Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR | | | |
| Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:100%"><tr><td>159422.79</td></tr></table> | | 159422.79 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| 159422.79 | | | | | |

| | | | | |
|--|--|--|---|----------------|
| Full Name of Payee | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:100%"><tr><td>MM / DD / YYYY</td></tr></table> | MM / DD / YYYY | |
| MM / DD / YYYY | | | | |
| Mailing Address | | Amount <table border="1" style="display:inline-table; width:100%"><tr><td></td></tr></table> | | |
| | | | | |
| City | State | Zip Code | | |
| Purpose of Expenditure | Category/Type <table border="1" style="display:inline-table; width:100%"><tr><td></td></tr></table> | | Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:100%"><tr><td>MM / DD / YYYY</td></tr></table> | MM / DD / YYYY |
| | | | | |
| MM / DD / YYYY | | | | |
| Name of Federal Candidate | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:100%"><tr><td></td></tr></table> | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| | | | | |

| | | |
|---|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <table border="1" style="display:inline-table; width:100%"><tr><td>5000.00</td></tr></table> | 5000.00 |
| 5000.00 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <table border="1" style="display:inline-table; width:100%"><tr><td></td></tr></table> | |
| | | |
| (c) TOTAL Independent Expenditures..... ▶ | <table border="1" style="display:inline-table; width:100%"><tr><td>5361.79</td></tr></table> | 5361.79 |
| 5361.79 | | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle, Atteberry, , ,

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| 10 / 28 / 2016 |

Signature